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CONFIRMATION NO. 1510

<b>SERIAL NUMBER</b> 10756,765	<b>FILING OR 371(c) DATE</b> 01/14/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 030481-0212	
<b>APPLICANTS</b> Per Egnelov, Uppsala, SWEDEN; Fredrik Preinitz, Uppsala, SWEDEN; James Fuchs, Uppsala, SWEDEN; Dan Akerfeldt, Uppsala, SWEDEN; Lars Tenerz, Uppsala, SWEDEN;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/439,800 01/14/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/20/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22428					
<b>TITLE</b> DEVICE FOR VISUALLY INDICATING A BLOOD PRESSURE					
<b>FILING FEE RECEIVED</b> 1475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		